

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90498 001 ***317.50

DOCUMENT # F98000002972

1. Entity Name

Xenotech Strong, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 Central Florida Pkwy

Suite, Apt. #, etc.

STE A

City & State

Orlando, Florida

Zip

32824

Country

Orange

3. Mailing Address

4350 McKinley Street

Suite, Apt. #, etc.

City & State

Omaha, NE

Zip

68112-1643

Country

Douglas

DO NOT WRITE IN THIS SPACE

4. FEI Number

47-0721517

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinsuring)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P
Wilmer, John
4350 McKinley Street
Omaha, NE 68112

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T/S/D
French, Brad
4350 McKinley Street
Omaha, NE 68112

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brad French

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

(402) 463-4444

Daytime Phone #

Brad French

CR2E034B (12/01)